



Deposit Ticket #: _____
Transaction #: _____
(Both lines to be completed by OAFM)

Date: _____

Memorandum

To: Chief, Accounts Receivable Branch, OAFM

From: Annette Ledford (x5303)

Subject: Credit Card Collection, USGS/OAFM Site # **1005-000800340**

In order to record credit card collections processed through Treasury/Mellon Bank's credit card system, the following information **must** be provided. Please attach a copy of supporting documentation (bill for collection, training form, approved request for space usage, etc).

Credit Card Information:

Credit Card No/Exp Date: _____ / _____

Master Card / Visa (circle one)

Amount: (circle one) **\$250 for registration or \$300 for registration and training**

Customer Information:

Name / Agency: _____ / _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Reason for payment: Attendance at National SW Conference and Hydroacoustics Workshop

FFS/Accounting Information: USGS Office reference #: _____

Bill for Collection Number: NA if collection is payment for a USGS bill, **or**

FFS Account Number: 4560-9YRSW if collection is for credit to a USGS account number, **or**

FFS Agreement Number: NA if collection is for credit to a USGS reimbursable agreement

Customer/BFY: NA / _____

This form along with a copy of the credit card receipt will be filed in OAFM, Accounts Receivable Branch.
(L:\ARB\credit card form.doc)